

CERTIFICATION APPLICATION FOR HAZARDOUS MATERIALS

Office of the Arizona State Fire Marshal

PLEASE PRINT OR TYPE

EXAM TYPE	TESTING ATTEMPT	WRITTEN TEST SCORE	
<input type="checkbox"/> Hazmat Awareness <input type="checkbox"/> Hazmat Operations	<input type="checkbox"/> First testing attempt <input type="checkbox"/> Second testing attempt <input type="checkbox"/> Third testing attempt	(OSFM will complete)	
<div style="display: flex; justify-content: space-between;"> Last name First name M.I. </div>			
Mailing address		City	State Zip
EIN#		Phone	
Department		Phone	
Department mailing address		City	State Zip
Program sponsor (The department or college that conducted the certification program)		Phone	
Program mailing address		City	State Zip
OSFM Program Number		Instructor/Evaluator	

THIS SECTION TO BE SIGNED BY THE PROGRAM INSTRUCTOR/EVALUATOR

I verify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies of NFPA 472, *Professional Competence of Responders to Hazardous Materials Incidents*, 2002 Edition. I understand that the applicant's skill evaluation sheets are subject to verification before certification is issued, and that this application will not be processed without the required attachments. My signature below attests that the foregoing application is accurate and that the candidate has completed the prerequisite requirements for certification testing.

Instructor/Evaluator Signature

Print Name

Date